

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

101591162

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6		1					56						
7							57						
8		1					58						
9							59						
10		1					60						
11							61						
12		1					62						
13							63						
14		1					64						
15							65						
16		1					66						
17							67						
18		1					68						
19							69						
20		1					70						
21							71						
22		1					72						
23							73						
24		1					74						
25							75						
26		1					76						
27							77						
28		1					78						
29							79						
30		1					80						
31							81						
32		1					82						
33							83						
34		1					84						
35							85						
36		1					86						
37							87						
38		1					88						
39							89						
40		1					90						
41							91						
42		1					92						
43							93						
44		38					94						
45		138					95						
46		38					96						
47		138					97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	46	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	47						TOTAL CLAIMS						